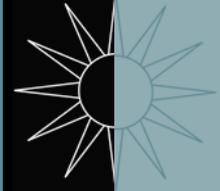




THE COLLEGE OF
RADIOGRAPHERS



RADIOGRAPHY

Education and Professional Development: Moving Ahead

THE SOCIETY OF
RADIOGRAPHERS



R A D I O G R A P H Y

Education and Professional Development: Moving Ahead

College of Radiographers' Responsible Officer:
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CONTENTS

- 5 **Foreword**
- 6 **A toolkit approach**
- 7 **Context**
- 8 **Why further guidance is needed**
- 9 **Radiography support workforce (General support workforce and Assistant Practitioner)**
 - 9 • Introduction
 - 9 • General support workforce
 - 9 • Education requirements
 - 9 • Pay and grading
- 10 **Support workforce – Assistant Practitioners**
 - 10 • Scope of practice
 - 10 • Accountability and responsibility
 - 10 • Education requirements
 - 11 • Pay and grading
 - 11 • Further development of the support workforce
 - 11 • Accreditation of the support workforce in radiography
- 12 **Practitioner**
 - 12 • Introduction
 - 12 • Definition and purpose
 - 12 • Education requirements
 - 12 • Pay and grading
 - 12 • Accountability, autonomy and responsibility
 - 13 • Support and resources
 - 13 • The role and function
 - 13 • Core function
 - 13 • Knowledge understanding and skills required for this role
 - 13 • Knowledge and understanding
 - 13 • Skills
- 15 **Advanced Practitioner**
 - 15 • Introduction
 - 15 • Definition and purpose
 - 15 • Education requirements
 - 15 • Pay and grading
 - 15 • Accountability, autonomy and responsibility
 - 15 • Support and resources
- 16 • The role and function
- 16 • Core function
- 16 • Supporting functions
- 16 • Knowledge understanding and skills required for this role
- 16 • Expert clinical practice
- 17 • Team/professional leadership
- 17 • Practice and service development
- 17 • Education, training, research and development
- 17 • Working across professional and organisational boundaries
- 18 **Consultant Practitioner**
 - 18 • Definition and purpose
 - 18 • Education requirements
 - 18 • Pay and grading
 - 18 • Accountability, autonomy and responsibility
 - 18 • Support and resources
 - 18 • The role and function
 - 18 • Core function
 - 19 • Supporting functions
 - 19 • Knowledge understanding and skills required for this role
- 20 **Action points**
 - 20 • Promote and value equally at the advanced practitioner level generalist and specialist role radiographers
 - 20 • Use the support workforce and development practitioners
 - 20 • Demand consultant roles
 - 20 • Adopt cultural changes
 - 20 • Promote increased degrees of freedom and professional self-regulation
 - 20 • Develop effective leaders
- 21 **What needs to happen?**
 - 21 • Developing radiographers' potential
 - 21 • Improving patient care
 - 21 • Service re-configuration
- 22 **Conclusion**
- 23 **Resources supporting the implementation of education and professional development strategy**

Foreword

The Society and College of Radiographers (SCoR) is pleased to bring you this further implementation guidance to its Education and Professional Development (EPD) strategy, published in 2002. This document recognises that for patients, staff and employers to benefit from the opportunities outlined in the EPD strategy, continual development, growth and embedding of professional skills and culture is a priority. Additionally, the profession must work closely with employers to identify adequate resources to support development opportunities and to ensure that effort and skills are properly rewarded. It also recognises that the strategy cannot be delivered without the support of the profession as a whole.

For radiographers, implementation of the strategy will mean:

- Patients' and public expectations about locally based care are better met
- Opportunities to continue to develop new roles including work previously undertaken by radiologists and other members of the health care team
- Opportunities to provide more coherent services including those based in primary care and in community settings
- Greater skills mix and enhanced leadership opportunities
- Key roles in prescribing
- Enhanced opportunities to develop image interpretation, reporting skills and decision making skills
- Contributing to faster patient discharges from acute settings
- Having a greater voice in planning of services

Consequently the profession must be attuned to the fact that the *status quo* is not an option, whilst standards and practice around and within radiography are subject to a state of flux. Accordingly, the career progression framework as outlined within the EPD strategy contains an inherent message to the profession that the future demands good and close collaboration between clinical practice and education, and individual willingness to change and develop.

Education and Professional Development: Moving Ahead provides more detail about the four levels of practice and the 'tools' to enable the delivery of a coherent education and training continuum. This continuum includes flexible entry and exit points that provide the essential underpinning to the career progression framework. It provides a platform from which the individual can maintain competence, ensure career flexibility and extend skills in line with the skills escalator concept related to appropriate reward. This smooth linking of education and training to a career progression structure will allow existing staff to move up the skills escalator by renewing and extending their skills and knowledge, whilst some tasks and roles move down the escalator. Equally, it will facilitate entry at the pre-professional level and enable progression.

A toolkit approach

This document uses a toolkit design. The text is supported by hyperlinks (if this document is being viewed in electronic format) to other relevant professional documents. So, for example:

- Managers needing to consider service re-configuration may refer to skills mix issues, radiographer consultant-led services and guidance on service delivery location.
- Or, for radiographers wishing to plan their future careers, the curriculum framework and clinical supervision guides may be more applicable.

Both this document and the hyperlinks should enable individuals to make decisions informed by SCoR practice and policy guidance. The guidance documents may also be used in isolation, although using them in the holistic manner given in the examples above should provide added value.

This document will be reviewed and updated periodically to take account of continuing developments in radiography and the pace of change in the NHS.

This 'toolkit' supersedes the *Guidance for the Implementation of the Society and College of Radiographers Career Progression Framework, 2002*.

Context

A Strategy for Education and Professional Development of Radiographers (EPD strategy) was published in the spring of 2002, followed by the interim guidance to support early implementation of the proposed career progression framework set out within the strategy. Since then, there have been many gains with respect to the evolutionary process of implementation:

- Occupational standards for the breast screening, clinical imaging and radiotherapy sectors have been developed
- The Health Professions Council (HPC) has been launched
- Early implementer sites that will support the NHS modernisation programme have been established. For example, Agenda for Change; Leadership; and testing of new practice roles by the Changing Workforce Programme
- The professional body has published a number of policy statements and practice guidance documents in relation to specific issues within the EPD strategy

Consequently, the SCoR believes that thinking is now advanced sufficiently to issue further authoritative guidance to the profession on the matter of career progression.

Why further guidance is needed

The three major Department of Health (DH) funded skills mix projects and the range and areas of specific roles linked to the NHS's Changing Workforce Programme, together with ongoing work around process redesign (service collaboratives) have challenged existing roles. They have demonstrated the need for new roles and have created a more permissive environment for continuing role development. The SCoR believes, therefore, that within this dynamic change environment, radiographers must seek every opportunity to develop and extend their scope of practice.

Central to the EPD strategy are the four levels of practice: Consultant Practitioner, Advanced Practitioner, Practitioner and Assistant Practitioner (including the general support workforce). This document provides further implementation guidance around these specific levels of practice, and the toolkit design delivers supporting information for their implementation.

Radiography support workforce (General support workforce and Assistant Practitioner)

Introduction

The support workforce within the radiography setting embraces a broad church, encompassing helpers with minimal or no qualifications, through to staff working within the National Breast Screening Programme, who are now recognised as assistant practitioners, having undertaken an NVQ 3 or BTEC qualification with additional specialist education in mammography.

Additionally, other members of the support workforce are in training to become recognised as assistant practitioners in, for example, treatment delivery in radiotherapy departments, or plain film radiography of adult ambulant patients in clinical imaging departments. Some of these are in training as part of two nationally established and funded projects (by the Department of Health), and some through local schemes.

The SCoR recognises the important contribution that support staff make to current service delivery, as well as the importance of enhancing their role further to assist in both meeting the workforce shortfall in clinical imaging and radiotherapy, and in maintaining effective, high quality services.

In acknowledging this contribution and the diversity of the support workforce, SCoR also recognises that these staff require underpinning education, training and development to support them in their current and future roles.

General support workforce

The concept of support staff working in clinical imaging and radiotherapy departments is long established, as are the valuable contributions such staff make. It is also recognised that the range of tasks and duties carried out by support staff varies considerably according to locally determined needs. However, despite the role played by support staff, their education and development needs have been largely neglected.

Education requirements

In recognition of the important contribution of the general support workforce and the importance to the provision of quality services of a properly educated workforce, the SCoR has reviewed its education and training requirements for the support workforce. As a minimum, the SCoR expects all support staff in clinical imaging and radiotherapy and oncology departments to hold or gain an S/NVQ level 2 in Care, or an equivalent. Normally, however, such staff should hold or be enabled to obtain an S/NVQ level 3 in Diagnostic and Therapeutic Support. These expectations should ensure that the whole of the general support workforce has a relevant qualification and provides these staff with access to the skills escalator and the opportunity to develop further, if they so wish, into Assistant Practitioner or Practitioner roles.

Pay and grading

It is the SCoR's view that the knowledge and skills of the general support workforce accord well with NHS Job Evaluation (JE) profiles that have been formally assessed at Bands 2 & 3.

Support workforce – Assistant Practitioners

Scope of practice

This part of the support workforce is a relatively new development, resulting from the modernisation drive within the National Health Service (NHS). It is appropriate, therefore, to describe the SCoR's expectations and requirements in some detail. The identification of new roles should be underpinned by an analysis of current and future workflows. The introduction of assistant practitioners should be as an adjunct to the development of advanced and consultant roles such that a clear career progression strategy for all staff is implemented in order to meet service demand.

Assistant practitioners, like general support staff, are also likely to be diverse but they will differ from the general support workforce in that, as part of their duties, they will perform limited clinical imaging examinations or treatment procedures in concert with, and under the supervision of registered radiographers. The range of such examinations or treatments will vary in accordance with locally identified need but is likely to be confined to standard examinations or treatments carried out on ambulant adult patients, and conducted in accordance with locally agreed protocols.

The SCoR supports the need for the particular roles of assistant practitioners to be identified and agreed locally, in accordance with identified service requirements. However, while duties of assistant practitioners will vary according to local need, effective use of registered radiographers, proper risk management, and good clinical governance procedures are likely to preclude the use of assistant practitioners in settings outside of the main clinical departments, such as in operating theatres, or the wards, or in oncology outreach clinics, except under the direct supervision of a radiographer.

Similarly, assistant practitioners are unlikely to undertake radiographic examinations or radiotherapy where the expected patient groups are less predictable or more dependent. For example, paediatric patients, patients with major or complex injuries, the very ill or elderly, or where protocols frequently need to be adapted, amended or departed from as in out of standard hours working, during emergency duties or in operating departments. However, providing that appropriate protocols and practices relating to supervision are in place, there may be a role for the assistant in supporting radiographers during out of hours working.

Accountability and responsibility

As outlined above, assistant practitioners will work under the supervision of registered radiographers. Responsibility for proper supervision of assistant practitioners rests at all times with the registered supervising radiographer.

The standard of work of the assistant practitioner must conform to the required competency standards for the work being undertaken. The assistant practitioner is accountable to the supervising radiographer for this. It is expected that clear lines of responsibility and accountability will be drawn up locally to ensure this. It is also expected that assistant practitioners, like all other staff, will be engaged in clinical supervision.

Education requirements

Support staff who aim to become assistant practitioners will need additional education and training, both in order to undertake the broad range of general tasks associated with the role, and the limited clinical imaging or radiotherapy tasks they may be required to undertake.

The SCoR believes that the general educational requirements for assistant practitioners are provided by the S/NVQ level 3 in Diagnostic and Therapeutic Support, or its equivalent. However, additional education related to specific national occupational standards (NOS), and to the safe use of ionising radiation, is required to enable them to perform identified diagnostic imaging examinations or assist with radiotherapy procedures. The SCoR has published its curriculum framework (CF) for the profession and this describes its broad educational expectations regarding the assistant practitioner workforce.

The SCoR will encourage the development of a range of educational and development opportunities for the assistant practitioner workforce and is currently setting up mechanisms to approve and accredit these. It is expected that these will be established by February 2004. As part of this, the SCoR is also establishing a voluntary register for support staff who use ionising and non-ionising radiation.

It is anticipated that the range of education provision for assistant practitioners will include:

- Additional (S/NVQ 3) units, professionally developed and accredited, similar to the one recently introduced in mammography; these are likely to be developed following approval of the national occupational standards (NOS) and to be available to the NHS later in 2003 or early in 2004.
- Work-place based learning units, developed locally to meet specific service needs, preferably in conjunction with a local FE or HE provider, or an NHS Trust's training unit and based on the NOS. These would need to be of a similar or higher standard to that of an S/NVQ 3 unit.
- Higher education qualifications, for example Certificates or Diplomas of Higher Education, or Foundation Degrees, again embedding NOS within them. Where such qualifications are offered, they are expected to provide a broad higher education experience that is relevant to the role and function of the assistant practitioner, but which also supports some advanced standing in the context of a BSc/BSc (Hons) degree in radiography.

Pay and grading

The SCoR has established that the job evaluation profile for an assistant practitioner will place them in Band 4 of the new NHS pay spine.

Further development of the support workforce

It is expected that the whole of the support workforce in radiography will have access to further development, and will be able to build a career in radiography via the skills escalator, if they so wish. For those with the S/NVQ 3 and additional radiography specific units, or accredited work based learning, and wanting to progress, it is expected that this would provide entry into professional level education. Advanced standing with this level of qualification is unlikely to be appropriate unless it can demonstrate learning outcomes equivalent to those within BSc/BSc (Hons) programmes in radiography.

For those holding a Certificate or Diploma of Higher Education or a Foundation Degree, some advanced standing is appropriate. However, a higher education institution seeking to offer advanced standing will need to demonstrate that it has mapped the outcomes of the qualification offered against the qualification to be pursued. Notwithstanding, claims for advanced standing of more than 50 per cent are unlikely to be considered favourably, in line with current standard practice in higher education.

It should be noted that the SCoR believes that where the decision is made to develop a Certificate or Diploma of Higher Education or a Foundation Degree, these are expected to be aimed at meeting the needs of the assistant practitioner. As such, caution needs to be exercised in embedding these in current or future programmes aimed at producing registered radiographers. Where such an approach is intended, the development will need to demonstrate clearly how the needs of both groups, assistant practitioner trainees and student radiographers, are to be met.

Accreditation of the support workforce in radiography

The SCoR already accredits the professional level workforce in radiography through validation and approval of both pre- and post-registration education programmes, and through accreditation of the individual as they enter membership of the professional body.

The SCoR is extending the scope of these procedures to include the support workforce with effect from October 2003. Detailed documentation on these procedures will be issued separately.

Importantly, however, all support workers undergoing S/NVQ 2 or 3 level qualifications or equivalent are expected to register with the SCoR; and all those developing work based learning programmes, Certificates or Diplomas of Higher Education, or Foundation Degrees for assistant practitioners, will need to gain approval of these programmes prior to admitting trainees to them, and will need to ensure that the learners/students are registered with the SCoR.

On gaining the S/NVQ, or on qualification from recognised and approved programmes, individuals may seek accreditation and membership from the SCoR and admittance to a voluntary register.

Further information will be issued as it becomes available.

Practitioner

Introduction

All radiographers at the point of registration are competent to practise autonomously in their discipline at the initial level. Clinical skills obtained during their pre-registration period need to be consolidated to provide the foundations for continuing development of this group of staff. Therefore, the infrastructure to nurture and develop radiographers in this category must be in place. This should ensure exposure to both the breadth and depth of clinical skills, organised around service needs, and should include a formal period of induction followed by preceptorship. Additionally, they will require further education and training to develop the level of expertise associated with advanced practice and more specialist or demanding roles. During the consolidation period practitioners will be developing clinical reasoning, research and management skills to support their practice and to act as the platform to advanced level practice.

Definition and purpose

Registered radiographers at the practitioner level undertake a broad portfolio of diagnostic examinations/radiotherapy procedures in the delivery of care for both imaging and radiotherapy patients. The practitioner will be an integral member of the radiography team to ensure the delivery of high quality clinical care.

Education requirements

The minimum qualification for registration at this level is currently a BSc (Hons) degree or its equivalent.

Pay and grading

The Whitley Council grading definitions have not necessarily enabled the changing roles of practitioners to be acknowledged and rewarded appropriately. Hence, the SCoR have developed local agreements, under the aegis of PT'A' Advance Letter 3/96, to introduce linkage between radiographer and Senior II grades, based on competencies. These enable departments to reward staff properly as their competence and confidence develops. The SCoR believes these agreements still have a useful life, even in the context of Agenda for Change.

The Job Evaluation profiles for staff working at this entry level to professional practice have been formally assessed at Band 5. However, radiographers' roles tend to evolve quickly following the preceptorship period, so that they are required to operate in more autonomous clinical situations and making the overall care delivery provided by the practitioner exceed that normally associated with Band 5. Accordingly, provision has been made for review of job size no earlier than one year and no later than two years from the date of qualification, using the NHS Job Evaluation Scheme. Evaluations that demonstrate the job weight is of sufficient size to move to the next pay band, ie Band 6, should be effected immediately and without the need to apply for a post at the higher level or to wait for a vacancy at this level to occur. The SCoR expects that practitioners entering at Band 5 will progress to Band 6 within the two-year timescale outlined above.

Accountability, autonomy and responsibility

On qualification, the practitioner operates at the level required for registration with the Health Professions Council (HPC) and professional practice. This requires a period of induction and preceptorship in order to consolidate clinical competence.

The minimum standards for safe practice at this level have been established in accordance with the education and practice criteria set out by the Quality Assurance Agency (QAA) in the benchmark statement for radiography and, latterly, with proficiency criteria set out within the Standards of Proficiency issued by the HPC. However, it is expected that all practitioners will develop from this minimum level as their career progresses. The minimum standards will be the building blocks upon which an individual develops supported by the preceptorship period, continuing professional development and clinical supervision. This will be evidenced by further development and exercising of reflective clinical judgement in conjunction with assuming responsibility for the assessment, planning and delivery of patient care in their chosen discipline. They will liaise effectively with other professionals and supervise assistants, students and other staff. Importantly, the philosophy of clinical supervision will be embedded upon entering practice.

Support and resources

Practitioners in radiography will be competent to practice at the point of registration and it is intended to link their specified competencies to relevant occupational standards. A period of preceptorship will be introduced to ensure the smooth transition from student to confident clinical practitioner. A formal framework for the introduction of clinical supervision within which the preceptorship period will operate needs to be implemented within all clinical imaging and radiotherapy and oncology departments.

Following the preceptorship period, practitioners will be engaged in clinical supervision and continuing professional development to maintain and develop new competencies in preparation for further advancement through the career progression framework in relation to service needs and demands. Practitioners, whilst practising at this level, will be exploring and experiencing service opportunities that may influence their personal career development aspirations.

The role and function

These posts will be structured around identified service needs and the radiographer will be competent to undertake a diverse range of diagnostic examinations or radiotherapy procedures.

Core function

This is the delivery of high quality clinical practice within one of the following five areas of practice, namely radiotherapy, diagnostic imaging (to include computed tomography), magnetic resonance imaging, nuclear medicine and ultrasound, as well as other areas defined within the spectrum of radiography practice. At this stage of a radiographer's career, it is expected that he or she will exhibit skills relating to JE Band 5, progressing to 6.

During this period, radiographers will be exposed to a variety of team/professional leadership models, practice and service developments, research and evaluation, and will undertake education, training and professional development as appropriate for service and personal needs. However, this time is very influential in a radiographer's career and will cement the foundations of clinical practice initiated in the undergraduate process.

Knowledge understanding and skills required for this role

The radiographer should be able to demonstrate attainment of the knowledge and skills as outlined in the QAA benchmark statement for radiography and the HPC's proficiency standards, as follows:

Knowledge and understanding

The qualified practitioner should be able to demonstrate:

- The clinical skills required for the practice of radiography
- The underpinning academic knowledge base to support the practice of radiography
- Detailed understanding of the legislation, professional and statutory codes of conduct that affect radiography practice
- A wide understanding of the health care environments
- Understanding of the key educational principles upon which health care education is founded

Skills

A practitioner should be able to demonstrate the following key skills:

Information gathering

- An ability to gather and evaluate evidence and information from a variety of sources
- An understanding of the research process to collect and interpret data to inform practice

Problem solving

- Well developed problem-solving skills
- An ability to form an opinion from the evidence

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Communication

- Effective communication skills to facilitate information giving, advice, instruction and offering professional opinions to colleagues, patients, clients, their relatives and carers

Literacy

- Ability to understand complex information and to record written information for self and others to use in a coherent manner

Numeracy

- Ability in understanding, manipulating, interpreting and presenting numerical data

Information technology

- An ability to engage with technology and health informatics

Clinical practice

- Demonstration of the clinical skills required during a first post
- Ability to engage with clinical supervision (at the preceptorship level)
- A developing ability in more specialised or demanding areas of practice

Other relevant skills are highlighted within the Curriculum Framework published by the College of Radiographers in 2003.

Advanced Practitioner

Introduction

The advanced practitioner category encompasses the considerable depth, breadth and spectrum of radiography practice. Predominantly, advanced practice relates to expert clinical practice usually, but not inevitably, in association with one or more other functions. For example, team leadership, research, or service development.

Definition and purpose

The advanced practitioner spectrum is diverse and forms the continuum from practitioner to emergent consultant. As a result, there will be many radiographers employed in this category at various points dependent upon their experience and expertise.

Advanced practitioner roles encompass the breadth and depth of current and future radiography practice, including clinical practice, service management, research and education. At this level the radiographer has specialised, or developed their knowledge and skills and, in relation to clinical practice, the core function will be related to a range of diagnostic examinations or radiotherapy procedures in the delivery of care for patients related to that expertise. For non-clinical fields of practice, the model is similar and should be translated to support career development for radiography managers, researchers and academics.

The advanced practitioner will be an integral member of the radiography team, but will also interact with the wider multidisciplinary team to ensure the delivery of high quality clinical care. Similarly, research, manager or academic radiographers at the advanced practitioner level will be expected to deliver high quality services within their relative domains.

Education requirements

The SCoR believes that the educational requirements to support this level of post registration practice are education and/or development through work place learning and practice to N/SVQ level 4/5 and/or Masters level qualifications, or the equivalents.

Pay and grading

It has been difficult in the past for staff to secure consistent and coherent recognition for their individual contributions to service delivery and development, often waiting for vacancies to arise at a higher grade. The SCoR has developed a number of local grading agreements, often using the incremental scales previously used only for management roles (ie, superintendent scales) to reward and acknowledge clinical skills development. The SCoR believe these are still valuable and should continue to be developed at present.

It is expected that the national Job Evaluation scheme will provide a system that will reward staff for the knowledge and skills required for their role regardless of staff establishments. Early indications of job profiles so far agreed for advanced practitioners indicate that Bands 7 and 8 will be used for staff working at this level, depending upon the exact nature of the role.

Accountability, autonomy and responsibility

As stated above advanced practice is a continuum and, as a result, the advanced practitioner's level of autonomy and responsibility will be determined by the individual radiographer's competencies and the practice setting. As with all levels of professional practice, radiographers are accountable for the results of their professional actions caused by act, negligence, omission or injury. As their careers develop at this level they will be reflective, accountable practitioners with developed judgement and decision-making skills. They will contribute significantly to the clinical management of individual patient care. They will liaise effectively with other professionals and supervise assistants, students and other staff and will work closely with consultant appointments in their field. They will also be engaged in clinical supervision or its alternative model depending upon their practice setting.

Support and resources

Radiographers practicing at advanced levels in radiography will be experienced radiographers

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who have, or are successfully engaging in, relevant post-registration development. The nature of the advanced practice role will demand that the individual is actively involved in career long learning to support the continuing acquisition of the necessary depth of knowledge. The higher level of skills required for operating as an advanced practitioner must be combined with the necessary demonstration of continuing competence.

The shape of advanced practice roles will be influenced by local service provision and identified patient needs. Inherent in providing this level of practice will be the need to actively engage in clinical supervision within and without the clinical imaging or radiotherapy and oncology department. Radiographers practising at this level will have enhanced clinical reasoning skills.

In order to be able to contribute fully to evolving service developments, radiographers working at this higher level will need access to wider development opportunities and further education to ensure that they are well placed to deliver new and innovative patient focused services.

The role and function

These posts will be structured around identified service needs and the infrastructure to support practice to secure service delivery of the highest quality.

Core function

Expert clinical practice used to deliver high quality patient focused care in Diagnostic or Therapeutic Radiography, or the equivalent in service management, research and education.

Supporting functions (optional)

- Team/professional leadership and/or
- Practice and service development and/or
- Education, training and research and development

The above supporting functions may be equally divided within the job specifications for advanced practitioner roles or, more likely, they will be weighted to support the particular scope of a specific advanced practice role. The advantage of the latter model is that this will facilitate easier movement between advanced practice roles with relevant and suitable further education and training. It also recognises that there will be an overlap between some supporting functions.

Knowledge, understanding and skills required for this role

In order to practice at this level, the advanced practitioner will be expected to have acquired knowledge, training and experience, and a range of skills additional to that required for registration. These should include enhanced/advanced analytical, judgement, planning, organisational and patient care skills. They should also be able to communicate information that may be highly complex, sensitive or contentious.

Radiographers working at an advanced level of practice will be able to demonstrate that they fulfil at least the core expert clinical practice function and relevant indicative features from the supporting functions given below:

Expert clinical practice

- Use their diverse experience and skills to improve the patient experience
- Use effective communication skills to communicate with patients and carers to support and empower them through the care pathway
- Undertake critical evaluation and assessment of the patient
- Lead practice development and devise and implement schemes of work based on current evidence. Innovate and initiate evidence based practice
- Make specific interventions based on evidence appropriate to assessed needs, context and culture, in partnership with patients and other professionals; and make appropriate referrals
- In partnership with patients and other professionals, make sound ethically bound decisions which are in the interest of patients
- Supervision of assistant practitioners and practitioners to provide seamless patient care

Team/professional leadership

- Work collaboratively and in partnership with other practitioners, delegating appropriately
- Inspire, motivate and collaborate with all stakeholders to facilitate improvements in service delivery
- Be recognised and accessible as an expert in their specified field, promoting best practice, giving expert advice and disseminating knowledge to the profession and to a wider health care arena
- Identify gaps/deficiencies in practice and generate new evidence based solutions that best meet the needs of patients
- Work with the multi-professional team to continually audit and evaluate clinical practice and implement change in accordance with clinical governance demands
- Be proactive in developing and improving their own competence in recognised ways, including accessing professional clinical supervision that may be inter-professional
- Be able to develop appropriate strategies for continuing self-audit and self-appraisal in order to evaluate their performance in relation to service delivery, and to effect change accordingly
- Work collaboratively to identify, plan and deliver programmes to meet personal and professional development needs of self and others
- Continually assess and monitor risk in their own and others' practice and challenge others where appropriate
- Develop protocols, documentation systems, standards, policies and clinical guidelines for use by multi-professional teams

Practice and service development

- Collaborate with and involve other service providers to challenge professional and organisational boundaries in the interests of all stakeholders
- Synthesise coherently and effectively the knowledge and expertise related to their area of practice
- Critically appraise evidence from diverse sources to make informed judgements about its quality and appropriateness
- Contribute to the human resources function for radiography
- Undertake local business and financial functions, commissioning, procurement and budgeting
- Develop public relations networking
- Have major health and safety responsibilities
- Assist with departmental policy setting
- Involvement in marketing
- Lead in local governance matters
- Offer appropriate advice to their own and other professions on care practices, delivery and service development
- Develop appropriate strategies to make the best use of resources and technology in the interests of patients and to achieve optimum outcomes
- Proactively develop new partnerships in the best interest of the services and agencies

Education, training, research and development

- Seek and identify opportunities to apply new knowledge to their own and others' practice in structured ways
- Contribute to the wider development of their area of practice through research, publicising and disseminating their findings in appropriate forums
- Alert appropriate individuals and organisations to gaps in evidence or practice knowledge that require resolution through research
- Synthesise coherently and effectively the knowledge and expertise related to their area of practice
- Critically appraise evidence from diverse sources to make informed judgements about its quality and appropriateness
- Process and assimilate new unbiased information for use by all stakeholders
- Contribute to research and development initiatives

Working across professional and organisational boundaries

- Draw upon an appropriate range of multi-agency and inter-professional resources in their work
- Deliver multi- and uni-professional education and training programmes
- Contribute significantly to the education of practitioners within the wider multi-disciplinary team
- Contribute to the evidence base for radiography

Consultant Practitioner

Definition and purpose

The context of consultant practitioner posts in radiography need to be clarified in terms of nature, purpose and intended outcomes professionally, personally and organisationally. Key to this is the agreement and specification for relationships and accountability. The consultant practitioner is a champion in the clinical, academic or research field bringing innovative solutions to patient care. Their role is one that defines professional development and influences at a strategic level. As such, consultant practitioners will play a pivotal role in the integration of clinical, education and research findings in practice. The consultant practitioner is able to initiate clinical service developments and deliver improved patient outcomes through the implementation of the findings of:

- Clinical research
- Clinical audit
- Clinical governance
- Clinical risk assessment

They are independent creative thinkers who are advancing research and education for service developments, and are able to work across boundaries. They will provide leadership and function as consultants to other practitioners, and are engaged in clinical supervision activities to support them in their role. Consultants will have developed mature clinical reasoning skills underpinned by practice experience and relevant education. They will carry their own caseload.

Education requirements

The SCoR believes that the educational requirements to support this highest level of clinical practice are education and/or development through work place and other learning and practice that is equivalent to doctoral level.

Pay and grading

Access to posts at this level is governed by the regulations set out in PT 'A' Advance Letter 2/2001 for England, although the Pay Review Body amended the pay levels in 2002. Similar conditions apply in Scotland and Wales and are anticipated in Northern Ireland. The first consultant radiographer posts were established in 2003 and it is expected that more will follow. The SCoR has established that the Job Evaluation profile for a consultant radiographer will place them in Band 8 of the new NHS pay spine.

Accountability, autonomy and responsibility

Consultants will work across traditional boundaries and the role will incorporate the core function of their expert clinical practice supported by additional functions to benefit the patient. Like all registered radiographers, they are professionally autonomous and work within the profession's ethical framework, ensuring that they work within their own level of competency and identify those that need developing to ensure that service needs are met. Crucially, this role will be pivotal to the wider multi-disciplinary team.

Support and resources

Following careful analysis of the impact of the post, agreement needs to be made about the wider resources necessary to support both the individual and the post. Particularly for newly appointed consultants, appropriate levels of mentorship and access to development opportunities offered by peers locally, nationally and internationally must be ensured.

The role and function

Radiographers practicing at this highest level of practice will demonstrate mastery of skills. These posts will be structured around identified service needs and the infrastructure to support practice to ensure service delivery is of the highest quality.

Core function

It is expected that expert clinical practice is the central function of this post supported to varying degrees by the following key areas of responsibility dependent upon local service provision requirements.

Supporting functions

- Professional leadership
- Practice and service development
- Research and evaluation
- Education, training and professional development

Knowledge, understanding and skills required for this role

In order to practice at this level, the consultant radiographer will be expected to have acquired knowledge, training and experience and demonstrate a portfolio of key skills as identified below:

- Expert clinician, academic or researcher and able to demonstrate credibility
- Clinical leadership
- Ability to work within complex organisations
- Facilitation of change by collaborating with stakeholders within own profession, across other professions and both intra- and inter-organisationally to produce innovative practice and service development showing improved patient outcomes
- Joint working with academic/clinical institutions, ensuring the development of research programmes within the workplace
- Written and verbal communication skills of the highest order, demonstrating the use of a variety of media
- Ability to manage change and contain conflict, ensuring resolution with positive outcomes
- Advanced negotiation skills
- Ability to lead within the profession and develop multi-professional working, both within an organisation and across organisational boundaries
- Ability to design and implement research and development programmes
- Strategic planning abilities
- Ability to develop working relationships locally, regionally and nationally
- Ability to translate and integrate evidence based research/guidelines into the development of local pathways of care
- Understanding of commissioning processes leading to service development
- Understanding of the impact of current government and regional policy developments

Action points

Radiography is a core service primarily based, at present, in the acute sector with radiographers making significant contributions to the patient/client care pathway. *Shifting the Balance of Power* (2001) has clarified the significant role that primary care will play in delivering coherent health and social care in England. Similar policy developments are also taking place in the other three home countries, tailored to the particular needs of patients within Scotland, Wales and Northern Ireland.

In all four countries, changes are continuing apace within the wider health and social care arena and are impacting upon radiography. The public and patients expect that radiographers will be adequately prepared to deal with these changing situations based on the latest evidence. To meet the current challenges, radiographers must embrace the potential offered for developing their clinical roles and where necessary change practice to align with local service needs that support patient focused care.

The professional body believes that this document, *Education and Professional Development: Moving Ahead* provides the coherent strategic direction and practical support needed to effect the necessary change. It believes that the profession must:

Promote and value equally the advanced practitioner level generalist and specialist role radiographers: This recognises the valuable flexible and expert service provided by generalists who offer breadth of practice coupled with depth of knowledge and experience. They work across and between the spectrum of clinical teams essential to service delivery, particularly in regard to delivering the 24/7 service. Specialist practice advanced practitioner roles complement generalist advanced practitioner roles and are required to ensure seamless care, as well as the meeting of specialist care needs.

Use the support workforce and develop practitioners: The radiography support workforce will necessarily become more integrated into the team and, similarly, practitioners will be contributing to service delivery whilst developing their scope of practice and expertise.

Demand consultant roles: These will be pivotal in delivering the challenges set by the primary care agenda as well as making a significant difference to re-configuration of care delivered within the acute and primary care sectors.

Adopt cultural changes: All radiographers and the support workforce must have access to clinical supervision, professional advice and CPD in an environment that nurtures and promotes their individual learning. Additionally, they will need to further refine the knowledge and skills required to provide high quality evidence based care.

Promote increased degrees of freedom and professional self-regulation: Patients have benefited, and will continue to benefit, from radiographers and support staff that have developed enhanced roles that impact directly upon patient/client care. However, radiographers must be clear about their professional responsibility and accountability in exercising these greater freedoms in line with the profession's ethical code and support staff must ensure they act only within their defined roles.

Develop effective leaders: The profession needs effective leadership to manage the development of their scope of practice and in taking on new roles.

What needs to happen

Radiography practice is continually evolving. Higher levels of responsibility, autonomy and more integrated multi-disciplinary team working have been shown to be beneficial to patients/clients and to provide radiographers with better job satisfaction. Radiography departments are developing local links with, and being involved in, for example, Primary Care Trusts. Radiographers, via Professional Executive Committees, in tandem with service re-configuration, role and educational re-design are involved in change on a sizeable scale.

The SCoR believes that to continue the evolution in radiography practice, the profession must make clear links across the following three contexts:

- Developing radiographers' potential
- Improving patient care
- Service re-configuration

This continuing evolution cannot be achieved in isolation. Detailed below are the multiple factors required to ensure radiographers can respond to this changing environment in a coherent and supportive manner.

Developing radiographers' potential

- Multiple entry routes to the profession to address skills mix issues and to enable career progression
- Education appropriate to the level of radiography practice
- Radiographers entering the profession to be involved in preceptorship and, subsequently, clinical supervision
- Radiographers to undertake CPD as a matter of course
- Reflective practice to be incorporated formally into radiographic practice
- Radiography clinical teams to be developed within the wider multi-disciplinary team
- Development of enhanced knowledge management skills
- Validation and accreditation processes for all levels of practice

Improving patient care

- Evidence based practice
- Research
- Audit
- Quality assurance
- Clinical supervision
- Clinical governance
- Excellent multi-professional and inter-professional working relationships
- Integration of health informatics into daily practice
- Enhanced roles for clinical experts

Service re-configuration

- Re-configuration of radiography services
- Protected study time for all staff
- Use of Job Evaluation
- Service and role redesign
- Education redesign
- Staff governance
- Engagement with the health informatics agenda

Conclusion

This document forms the next step in releasing radiographers' potential to deliver modern and responsive radiography services. It acknowledges that the changes will take time to embed but accepts that there is now significant momentum pushing forward the changes. The toolkit approach of the document is expected to be put to effective use to ensure that the career progression framework is enacted across all clinical imaging and radiotherapy and oncology services.

Associated with this document are various policy and practice implementation documents to help achieve this outcome.

Resources supporting the implementation of an education and professional development strategy

A strategy for professional and educational development (EPD) of therapeutic radiographers (SCoR)

Vision for education and professional development model for therapeutic radiographers. May 2000.

SCoR Position Statement on Career Progression

Outline of four levels of practice. December 2001

PT 'A' Advance letter 2/2001

DH (England) information on PAMS Consultant Pay. 2001.

PAM (PT'A) Whitley Council Staff Side Guidance on the Implementation of the AHP Consultant Agreement

Staff Side Guidance for consultant AHPs. 2002.

NHS Circular: PCS(PAM)(PTA)2003/1

Scottish Consultant guidance. Can be viewed at www.show.scot.nhs.uk/sehd/pcs.asp
3 February 2003.

PAM (PTA) W 2/2003 & (SP) W 5/2003

Welsh Consultant guidance. June 2003.

Improving Health In Wales: A Plan for the NHS with its Partners

Sets out a new vision for the NHS in Wales and a new vision for the health, social care and well being of the population of Wales. July 2002.

Building on Success: Future Directions for the Allied Health Professions in Scotland

Sets out the vision and an action plan for developing the services AHP's provide for the people of Scotland. 2002.

A strategy for professional and educational development (EPD) of radiographers

Vision for education and professional development model for therapeutic radiographers. March 2002. (SCoR)

Statements for Professional Conduct

Professional ethical code. March 2002. (SCoR)

Interim guidance on implementing the Society and College of Radiographers Career Progression Framework in Radiography

Interim career progression guidance (now superseded by Moving Ahead). April 2002. (SCoR)

Examples of existing agreements in relation to implementing the EPD strategy

Examples include: Addenbrookes, East Kent, Essex Rivers, Nuneaton, London and Worcester.

Please note that each of these agreements are for information only and contain individual benefits. Further specific advice/assistance may be obtained from your local SoR regional officer

Agenda for Change

www.sor.org and www.doh.gov.uk

Job Evaluation Framework

www.sor.org

Protected Study Time Guidance

Outlines principles for protected life-long learning study time. 2002. (SCoR)

continued over...

Breaking the Mould: Roles, Responsibilities and Skills Mix in Departments of Clinical Oncology

Joint RCR/SCoR/RCN/IPEM publication identifying working relationships within the clinical oncology team. November 2002. (SCoR)

Managing for Excellence in the NHS

www.doh.gov.uk Winter 2002.

NHS Leadership Qualities Framework

www.doh.gov.uk/leadership

Improving Leaders Guides

www.doh.gov.uk/leadership

Clinical Supervision Policy

Policy statement on clinical supervision. March 2003. (SCoR)

Clinical Supervision Framework

Implementation guide for clinical supervision. April 2003. (SCoR)

Scope of Practice

SCoR policy document outlining the scope of practice for radiographers. March 2003.

SCoR Guidance on Developing a Business Case for Consultant Radiographers

Guidance to assist in developing consultant radiographers. May 2003.

Standards of Proficiency Radiographers and Standards of Conduct, Performance and Ethics

Health Professions Council publications. Call 020 7582 0866 www.hpcuk.org July 2003.

Benchmark statements: Health care programmes Phase I – Radiography

The Quality Assurance Agency for Higher Education www.qaa.ac.uk June 2001

Radiography Support Workforce

Development of earlier work in EPD/ interim guidance in relation to the support worker and assistant practitioner. April 2003. (SCoR)

Research Strategy Implementation

Review of achievements to date of the SCoR Research Group within the R&D context. April 2003. (SCoR)

Role development re-visited

Provides the context of role development for radiographers and evaluates the extent of role development since 1996. April 2003. (SCoR)

Curriculum Framework

The structure that specifies content, which can be used flexibly to build relevant radiography curricula. June 2003. (SCoR)

Getting Started as an SoR Union Learning Representative

SoR guidance for Learning representatives. 2003

Approvals and Accreditation Policy

Sets out the SCoR role in accreditation and approval of radiography courses. (In development)

Approvals and Accreditation Framework

Implementation guide to accreditation and validation by SCoR. (In development)

CPD Facilitators Guide – SCoR

(In development)

CPD Framework – SCoR

The mechanism that enables radiographers to maintain competence and gain knowledge and skills outside their core scope of practice. (In development)

National Occupational Standards – SCoR

Explanation around what they are and those that are in place. (In development)

Practice Development – SCoR

Policy statement. (In development)

Service and Role development/Redesign – SCoR

(In development)

Code of Ethics – SCoR

Policy statement. (In development)

Evidence based practice – SCoR

In development. (In development)

Clinical Governance – SCoR

(In development)

Quality Assurance – SCoR

Review of current document ongoing. Publication to be advised.

Information in the NHS - implications for Radiographers' – SCoR

ICRS, EPR and electronic prescribing. (In development)

Primary Care Policy: Implications for Radiographers – SCoR

Implications for radiographers. (In development)

Job Evaluation (JE) Guidance on Completion of Forms – SCoR

Assistance for radiographers in completing JE forms. (In development)



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